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INFO

FROM - Seoul (Korea)

SUBJECT - Health and Family Planning PROP

REFERENCE -

Attached is a non-capital project paper (PROP) covering Project 489-11-580-649, Health and Family Planning.

This PROP was prepared prior to the receipt of joint State-AID CA 5859 dated October 28, 1969, AIDTO CIRC A-2300 dated October 31, 1969 and AIDTO CIRC A-2409 dated November 7, 1969 and therefore does not include any of the Mission's reactions to the proposals contained therein.

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PAGE

1

PAGES

19

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**ATTACHMENT****HEALTH AND FAMILY PLANNING PROP**

Country : Korea  
Submission Date : June 3, 1969  
Project Title : Health and Family Planning  
U.S. Obligation Span : FY 1964 through FY 1972  
Physical Implementation Span: FY 1964 through FY 1973  
Gross Life-of-Project Financial Requirements:

U.S. dollars ..... 5,385,000 \*

\* Includes actual expenditures through 1969 and (G) proposals for FY70-71-72.

**1. SUMMARY DESCRIPTION**

This project is designed to continue assistance to the Korean Government in its efforts to decrease the population growth rate in Korea. This project activity is also intended to help improve public health through the support of both the National F-P program and the Ministry of Health and Social Affairs (MHSA) programs for maternal and child health, nutrition, health education, environmental sanitation, and control of communicable diseases.

The MHSA is currently administering a National Family Planning Program, which has as its major goal a reduction of the annual population growth rate to two percent or less by 1971. To achieve this goal, the MHSA is establishing in the Republic of Korea a national network of Family Planning-Maternal and Child Health (FP-MCH) services throughout the nine provinces, two special cities (Seoul and Pusan), and the 1,473 townships and small cities.

The MHSA has already established 139 rural and 52 urban health centers, and trained 1,100 physicians to insert IUD's and 700 for vasectomy services. In addition, there are health sub-center's being built and mobile family planning vehicles and teams organized to provide information, clinic facilities, and personnel to perform insertions of intra-uterine devices and vasectomies, as well as related follow-up services in the remote, rural areas.

This project will encompass the services of a U.S. Public Health Advisor; a Health Administration Advisor; a population specialist; short-term PASA or contract family planning, population, and research experts; commodities; and participant training. The estimated U.S. dollar input for Fiscal Year 1969 is \$1,200,000.

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## II. SETTING AND ENVIRONMENT:

### A. Historical Setting:

At the close of the Korean War in 1953, the Korean Government (ROKG) was faced with a number of staggering problems which had greatly increased the national population growth rate. Six million refugees from north Korea had to be resettled, while south Korea was "suffering" from a serious post-war "baby boom."

By 1960, the ROKG had been quite successful in its efforts to rehabilitate much of the devastation caused by the war. However, as living conditions improved, the death rate decreased and the population growth rate soon exceeded 3% per year. In that year, over half of the Korean population was under twenty years of age.

In 1962, the ROKG initiated a ten-year National Family Planning Program through a nationwide network of health units and centers. Since inception of the program, the ROKG has provided substantial financial support for this program in order to reach its goal: the reduction of the population growth rate to 2.0% or less by 1971.

The Family Planning Program was organized and implemented through MISA with a new section being created in June 1963 for Maternal and Child Health (MCH) under the Bureau of Public Health. During 1964, family planning sub-sections were established in the provinces. Family planning field workers were trained; and one was assigned to each myun and eup (i.e., county and town) throughout the country. A nationwide survey was conducted to determine family planning knowledge, and the Population Council of New York, Inc. began to provide technical and financial assistance under a world-wide contract.

The Planned Parenthood Federation of Korea has also played a major role in the program by providing active support. It has collaborated with MISA especially in carrying out training, public information, research and evaluation, and administration of grants.

In 1965, a national family planning evaluation team, also supported by the Population Council, was established as an arm of the MCH section to conduct a semi-annual evaluation of the program and recommend needed changes. In 1966, family planning mobile teams were trained, equipped and deployed in the provinces, utilizing U.S. excess property ambulances and financial support from the Population Council.

By the end of 1967, important accomplishments of the program were:

- (a) A family planning unit had been established in the MHSA;
- (b) There was a growing and consistent increase in the public's interest in contraception;
- (c) A growing percentage (20%) of the married women of child-bearing age practiced contraception. (In 1964, it was estimated that only 9% practiced contraception);
- (d) Field workers were stationed in every township and municipality of Korea. There was one worker for each 1,250 eligible couples working in the rural areas - one for 2,080 couples in the cities. Family planning clinic services were provided by some 1,075 I.U.D. and 492 vasectomy - private physicians who had received special training and were authorized by the ROKG to provide this service; and
- (e) The ROKG was moving to augment the family planning field staff with maternal-child health workers as the next phase of development in its grass-roots health program. The Maternal and Child Health (MCH) and Family Planning (FP) programs were being integrated by the ROKG, with an emphasis on health sub-centers to be established in the more than 1,400 myuns and eups.

During 1968, flush from the success of previous years and after the program was acclaimed world-wide, Korean reaction to the family planning program set in. Proceeding under an inadequate budget, MHSA cut targets and a struggle ensued to obtain local currency sufficient to maintain previous years' objectives as well as to provide the necessary won support for dollars being provided by donor agencies.

By late 1968, donor agency support, especially that of USAID had grown to a considerable sum. However, at the same time, the ROKG National Assembly took the stand that too much money was already available for family planning programs and so much more was needed for other health problems, such as tuberculosis control, environmental sanitation, and disease control. Consequently, because of this reaction to what was considered undue emphasis of family planning, the National Assembly cut the



MHSA-Family Planning budget. It was subsequently reinstated, but so late in the year that planned targets could not possibly be met.

Early in 1969, USAID/K established family planning as a priority activity, declaring its importance in economic development, and supporting from counterpart funds the MHSA won budget of ¥615,000,000.

#### B. Technical Settings

The FP Program began with the use of traditional methods of contraceptives, such as condoms, foam tablets, and spermicidal jellies. It subsequently became reliant on more advanced methods of contraception, predominately the IUD or loop. By 1967, the Republic of Korea was leading every other country in the world (excluding India and Pakistan) in the total number of loop insertions being made. This remarkable achievement was somewhat offset by statistics which revealed an approximate 40% IUD patient drop-out rate after 12 months due to minor medical complaints coupled with inadequate client counseling. It is estimated that some 900,000 of the initial acceptors will have lost the protection of the IUD by the end of 1969.

The use of oral contraceptives in the program was begun in 1968 as a supplement to the basic IUD method. During the latter half of CY 1966, the ROKG purchased 60,000 cycles for experimental use with those women who became "IUD drop-outs". This number of cycles used was increased to 100,000 and 200,000 respectively in 1967 and 1968. During 1968, attempts were made to contact women as soon as they became "loop drop-outs" in order to persuade them to begin taking the pill. With this additional program objective, the MHSA began receiving delivery of the first of 6 million cycles of oral contraceptives from the Swedish International Development Authority (SIDA).

Research has been and will continue to be a basic element of the program. Since establishment in 1965 of an evaluation unit in the MHSA, many types of studies, evaluation, and demonstrations have been carried out to provide demographic and statistical rationale to support program objectives and operations. Significant research in the area of attitudinal and behavioral change and basic motivation has had little attention in the past because of the great pressure to reduce the growth rate with little regard as to what was happening to the individuals involved. This project will now attempt to render proper attention to these areas.

By the end of CY 1968, the program was moving into areas needing expansion and refining. Such areas include the introduction and administration of oral contraceptives to a wider population group than just loop drop-outs, the formal and inservice training of all categories of personnel, the placing of more responsibilities on intermediate and local administration,

V upgrading overall management capability, and reorientation of the research. In this connection, discussions of a "National FP-MCH Center" evolved into a MISA/SIDA agreement for construction of a building to house a "training center." USAID/K proposed to finance a training and research team to assist in refining the centers organization and work program and in coordinating F-P research in Korea.

C. Financial Settings

(1) ROK Budget

The ROEG budget for the first five years of the Ten-Year National Family Planning Program has been \$5,305,900, or an average of about 3.7¢ per capita each year. The budget estimated for the second five years of the National Program is \$14,629,629, or an average of 8.4¢ per capita. This is a total for ten years of \$19,935,529, which includes approximately \$6 million earmarked for improvement of the MCH Program, particularly prenatal, home delivery, and postnatal services.

By the end of the ten years, if the needed funds are provided, the Korean FP Program should be able (a) to reduce effectively not only the number of unwanted births but also the number of infant and maternal deaths, and; (b) to reduce the incidence of induced abortion and childhood diseases. This program will contribute to the improved health of mothers and children as well as to a more than one percent (1%) reduction in the annual rate of population growth. The national FP budget provided to MISA to help achieve these goals has grown from \$42.7 million in 1962 to \$445 million in 1966 to \$615 million in 1969.

(2) AID Support

Up to FY 1963, AID support of this program was limited to the provision of one technical advisor, a minimum amount of commodities and some participant training. For the four year period (from 1964 through 1967), the total AID contribution was approximately \$185,000, of which approximately \$84,000 is credited to excess property vehicles provided for the support of the FP program. Approximately \$84,000 went into the support of the technician with between \$16,000 - \$25,000



allocated to commodities and approximately \$22,000 ~~amount~~ to participant training.

During FY 1968, the services of a high-level public health physician advisor was continued. Approximately \$25,000 was initially scheduled for participants and the balance of approximately \$200,000 was allocated for commodities (including \$50,000 for the support of the Seagraves Memorial Hospital). With the availability of Title X <sup>\*/</sup> funds in February 1968, a much greater program was projected in support of FP-MCH in Korea. This additional funding raised the FY 1968 AID total contribution to approximately 1.5 million dollars. Approximately \$1,100,000 of this total was programmed for medical equipment, training equipment, statistical equipment, and vehicles to support a significantly expanded program in Korea. An additional \$50,000 was programmed for participant training and \$100,000 was projected to finance two survey-study teams to plan for the establishment of a National FP-MCH Training Center and to plan broad coordinated AID supported FP research.

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In addition to the bilateral assistance described above, the Population Council of New York has been supported through AID regional funding for FP work in Korea. This private American foundation has provided a resident population control advisor and periodic visits by other high level FP consultants. It has provided technical assistance in developing programs of public information, in advising on training, and in helping to establish appropriate evaluation activities. The cost of the program in FY 1968 was \$250,000, of which \$235,000 was in local currency for the Planned Parenthood Federation of Korea (PPFK) to train local personnel and to support studies and surveys. Its budget for 1967 provided approximately \$200,000 while approximately \$300,000 was earmarked for 1968.

FOOT NOTE:

\*/ Title X of the Foreign Assistance act of 1961, as amended, places great emphasis on the role of family planning activities in development programs.

### (3) Other Support

The various agencies working in Korea, notably IPPF, UNICEF, WHO, Peace Corps and, more recently, the Swedish International Development Authority (SIDA), have provided a variety of support for the development and implementation of the FP-MCH program in Korea. USAID contributions are carefully coordinated with high level representatives of the agencies indicated above to insure that major program emphases do not conflict and to eliminate duplication of efforts.

### III. STRATEGY

The most important aspect of this project, the support for Korea's Family Planning Program, has, despite its relatively short existence, developed into an intensive effort. This can be seen by the following:

A. AID proposes to expand its present level of technical assistance to MNSA during FY69, particularly in relation to the management of the FP-MCH program. This technical assistance includes a senior level direct hire professional FH advisor, a high level health - FP administration and logistics advisor, as well as short-term specialists for program support. In FY 1970, it is proposed to recruit a population specialist to help monitor the basic elements of USAID population program inputs, especially in the provincial and rural areas.

B. With FY 1968 funds, detailed studies were projected for the development of a National FP-MCH Training and Research Center in the capital city of Seoul. Present planning indications are that this institution will be developed as a unit in the National Institute of Health compound under the direction of the MNSA, with financial support from SIDA. Program planning and development, essential equipment, and training for Center staff members in the U.S. or third countries not completed with these FY 1968 AID funds will be undertaken with FY 1969 funds as will recommendations emanating from the training research study team.

The FP Center will be a major step in institutionalizing a FP-MCH Training Program in Korea. It should also serve to focus the efforts and energies of responsible ROKG and other private agencies on the development of a common effort to FP problems in Korea. The research program will be primarily directed into those institutions with interest and capability



including institutes, Universities, medical schools, and schools of public health that have departments or components which can handle bio-medical, psychological and sociological research elements as they relate to F-P.

C. As the MISA health sub-centers are constructed, improved upon and organized with facilities for carrying out FP-MCH activities, USAID/K proposes to provide commodities as a stimulus to the development of integrated services with the provincial hospitals in a coordinated postpartum family planning program. To encourage the hospital participation in the program limited OB-Gyn.-FP commodities will also be provided as may be necessary.

D. As noted USAID's direct input into the program from its inception in 1963 to 1967 has been limited. With the availability of Title A funds and their amounts ever increasing, USAID/K assumed a major role by lending itself as an instrument through which MISA was able to obtain local currency to meet its CY 1969 needs. At the same time, AID focused the full force of its influence to establish the concept that family planning was the only available rational means for controlling the growth rate of the population and therefore facilitating development.

E. The implementation of the Family Planning Program is assigned to an administrative section in the ROKG which has brought into focus the entire population problem and the need for establishing leadership at a higher echelon of government. It is proposed to continue supporting family planning in the MISA but with the scope of population planning involving the whole economic, political and social milieu it will be our strategy to broaden the concept of Family Planning to that of Population Planning.

#### IV. PLANNED TARGETS, RESULTS, OUTPUT

##### A. Family Planning Program Needs:

1. Budget. Obtaining the necessary won funds is difficult despite the ROKG's Economic Planning Board's early recognition of the economic importance of the program. Defense needs and the intense drive given to construction and other economic development projects have created severe pressures. The budget is planned on a 12 month basis, but part of it comes as a supplementary budget passed midway through the fiscal year. In general, budgeting is a loosely-coordinated tug of war between many parties, putting a good deal of unpredictability into planning. Financial insecurity has hung

heavily over the entire Ministry, which receives less than 1% of the annual national budget. Provincial budgets are supposed to equal approximately 25-30% of the total budget, but they seldom do unless either the provincial authorities are very much in favor of the program or there is strong pressure from the national government. The percentage has fluctuated between 20-25% since 1962, but provinces vary considerably and the uncertainty is always there. A drought, an epidemic, or other contingencies may intervene and the promised funds may be diverted.

To assist in defining and anticipating short-term, medium-term, and long-term budgetary needs, and to assure efficient program operations with adequate and satisfactory facilities, USAID/K proposes to encourage, promote, and help develop an administrative structure in the program based on the most appropriate principles of sound management applicable to the situation.

2. Maintenance and Supply. As quantities of vehicles, audio-visual equipment, and MCH equipment are acquired, problems of customs clearance, storage, shipment, and especially maintenance, loom larger. Local funds are generally relied upon for maintenance, a precarious source of support. The disorderly and lack of prompt provision of supplies causes trouble. The central staff deal only with the provinces, but in the whole picture maintenance and supply difficulties are pervasive.

To assist MESA in establishing a health equipment, maintenance, and supply system of logistics to provide the necessary monitoring of its commodity inputs, USAID/K will make this a high priority element within the improved management - administrative structure as noted in (1) above.

3. Training. With more than 2,400 fieldworkers, there is not only recurrent training of old workers but also first-time training of newly-hired workers to replace turnover. (Many of the township workers are young and unmarried, with a rather high turnover rate.) Constant seminars and workshops are required for doctors, officials, midwives, etc. Some (150) international



visitors come yearly, generally for about a week each, and consume substantial staff time. These activities go on continuously and represent a large and difficult enterprise. In the past there has been no facility in Seoul for this, but one is now projected, to open in early 1970. Programmed instruction for new fieldworkers is also under investigation.

To support the National Family Planning Center, USAID/K proposes to provide commodities in FY 1969 project and to consider additional assistance via its participant training program, both for long-term degree training and short-term observation tours plus third country visits. For 1970 and later, requests for technical assistance, additional commodities, and participant training to meet needs will also be considered.

To supplement the "training center's" non-degree type training programs, USAID/K proposes to assist in development of mass communications media production facilities in the center and to assist medical schools and schools of public health in their teaching of FP-MCH, and in their research in population dynamics and family planning.

4. Vital statistics registration, an important phase of demography and evaluation, has been known to be incomplete, inaccurate, and invalid in Korea. A program goal of USAID/K is to encourage and assist with technical consultants, commodities, and training, those government departments with responsibility for this important demographic function toward improvement in vital statistics in all its aspects. With three separate systems of registration currently operating, there is a need for consolidating them in order to provide a single reference point for civil registration and a single channel for reporting.
5. Research, surveys, studies on family planning in all of its administrative, operational and technical aspects has been conducted since establishment of the National Evaluation Unit in 1965. Many valuable recommendations have emanated from these studies, as well as those carried out by a variety of institutions throughout Korea. Need is evident and it is

opportune to coordinate future research in F-P in Korea to prevent duplication, wasteful expenditures on non-pertinent phases and to provide a milieu for basic, meaningful and needed studies.

As a first step, USAID proposes to support research in the behavioral sciences in an attempt to reveal the underlying behavioral reasons for the high drop-out rates, and, related research as may be recommended by the "research study team" proposed in FY 1968 but now to be funded in FY 1970.

6. Health facilities of the MHSa including health centers, health sub-centers and provincial hospitals in general are in need of improvement and in some instances complete renovation. The construction program for health sub-centers is now two years in arrears as budget cuts have resulted in less than 100 sub-centers being built since 1967 as compared to a goal of 600.

USAID/K proposes to support the construction of health facilities to meet targets and to provide commodities for those hospitals and health sub-centers which do become a part of the total FP effort.

7. USAID/K will continue to encourage development of sound nutrition surveys, programs, and research and assist sound program development and training to the extent funds become available for direct inputs. It will support local currency requests for those health activities to improve the public health through promotion of MCH, nutrition, health education, environmental sanitation, and control of communicable disease.

#### V. COURSE OF ACTION

##### A. Assistance to the "National F-P Center"

In May 1969, the ROKG-MHSa signed an agreement with SIDA for the construction and operation of a training center: (1) to provide pre and in-service training and information for family planning and related health workers; (2) to conduct evaluation and research activities designed to improve the national family planning program, and to measure its impact on population growth; and, (3) to provide orientation courses and field training for family planning personnel from other countries.



USAID/K proposes to support the "center" with appropriate commodities limited in extent and type by real needs and that are not duplicative of other agency support.

USAID/K also proposes to support the training center with participant FP-MCH training grants to provide U.S., third country, long-range (12 months) and short-range (3 months) opportunities for orientation, indoctrination, and implementation experience outside of Korea. Consideration will be given to professors, teachers, instructors, as well as students, and FP personnel at all levels of government.

It is also proposed to make available short-term technical consultants (visiting professors) from the U.S. to assist in the organization and operation of the center, its mass communications production facilities, and its teaching program.

B. Expansion and Improvement ROKG-MHSA Management (MCH-FP)

1. Central Professional Management

P ( Management in MHSA-FP-MCH is minimal. There is only one technically qualified person in the MHSA-FP-MCH section who must not only provide whatever management and supervision is required, but is also called on to monitor the participant training program of both the Population Council and USAID; provide briefings for visitors; be available for discussion with counterparts from Population Council, PPRK, SIDA, UNICEF, and USAID in a variety of areas, such as the Training Center, participant training, research, budget planning, commodities, etc. It is USAID/K's position that, unless the MHSA FP program management is improved and upgraded by MHSA, it would not be wise to burden this already overworked F-P section by providing MHSA with additional projects and dollar inputs.

USAID/K proposes to support won requests for upgrading of the FP-MCH Section of MHSA to an organizational entity adequate to manage four major aspects of the program. To achieve this, provision must be made by MHSA for the following defined functions accompanied by adequate staff. (1) Management and operations, (2) Public information and education of the public, (3) Training and evaluation, and (4) Research.

## 2. Health Equipment Logistics and Maintenance

Family Planning and other health projects have engendered a large number of commodities, both equipment and supplies, and vehicles, from AID and other international agencies. In order to cope with these commodities - receipt, distribution, proper maintenance and operation, and accountability - the MISA needs a management and logistics structure in the central organization with units at the working levels.

This need has been felt by the MISA and an advisory committee composed of various bureau chiefs and representatives of all of the international agencies has been established to coordinate the implementation of a logistics and equipment maintenance system.

The need breaks down into three areas of control and operation:

- (a) Establishment of a central unit to receive, warehouse, distribute, and account for commodities contributed by the international agencies or centrally purchased by the MISA. Selection of sites for best utilization of equipment to be provided, and warehousing of equipment in process for units not completed.
- (b) Vehicle fleet operations, preventive maintenance and repair. AID, IPPF, Population Council, UNICEF, SIDA, etc., have all provided vehicles in varying numbers and more are in process. Spare parts for some of these are provided with original purchase and some on an annual increment. However, within the MISA there is no provision for fleet operation, driver training, preventive maintenance or service shops at either the central or provincial level.
- (c) Medical equipment and maintenance. There is a great quantity of specialized medical equipment originating both from ROK procurement and from international agencies. At the present time there is no provision in MISA for preventive maintenance or repair of these items and no provision for spare parts. In some cases operating supplies are also inadequate for efficient continuity of operation.



MHSA is aware of some of these problems, but so far the establishment of the Health Equipment Advisory Committee is the only action taken to begin solving these problems.

This management and logistics aspect of the MHSA program would involve USAID/K financing of commodities and participant training. An additional USAID/K direct hire/or contract position is proposed to assist in areas of logistics and maintenance monitoring and end-use checking.

### 3. Vital Statistics

- a. The ProAg has been expanded to include the improvement of the vital statistics system in Korea. Specific objectives of the project are:
  - (1) To develop a genuine interest in EPB to elevate vital statistics within the Bureau of Statistics to a level in the organization that will insure support.
  - (2) To establish a high level council with representatives from the concerned Ministries to increase cooperation and to coordinate a nationwide effort.
  - (3) To institute a new vital statistics system, and to train central supervisors and local personnel in implementation procedures.
  - (4) To carry out an educational campaign using mass media to reach the public.
  - (5) To install the system and to provide necessary personnel equipment and supplies for its implementation.
- b. It is proposed that this project, would be phased as follows:

- (1) USAID commitment of FY 1969 dollar support for commodities, technical assistance, and international training against EPB commitment of CY 1970 won support.
- (2) This project is conceived basically as a three year project but, because of the lack of technical support at this particular time, is only funded for one year. Current budget estimates include U.S. technical assistance and specialized commodities and training to initiate the innovations, Participant training, commodity elements and additional expense, related to U.S. TDY technicians to be defined for FY 1970 funding.

4. Research in Family Planning

- a. It has become apparent that FP research like the budget process, has had little coordination. An overall coordinating committee has never been implemented; the National Evaluation Unit Advisory Committee has met from time to time as has the PPFK Medical Research Advisory Committee. These groups, however, have gone their individual ways in determining what research will be done and who will do it. A research review team funded by USAID/R in FY 1968, is expected to provide guidelines for coordination and recommendation for priorities which will be considered for implementation in FY 1970. In the meantime, behavioral research in family planning will be proposed as local currency becomes available with the following expected results:



- (1) A comprehensive understanding of the causal factors in the rejection of family planning services and in the discontinuance of these family planning methods.
- (2) Information on the relationship between expressed attitude and actual behavior in regard to these methods; and provision of techniques for changing both attitude and behavior.
- (3) Information regarding impact of current action programs on family planning behavior.
- (4) Insights on new methods of motivating women toward increased use of these family planning methods.

It is proposed that this behavioral research activity be centered in the Korean Institute for Research in the Behavioral Sciences (KIRBS), a USAID-initiated and supported center. An initial commitment of two years to the project would be proposed. The implementation of the project would require a resident professional staff of four Americans and four ROK counterparts; and a resident staff of one American and ten ROK administrative and technical personnel. A number of senior ROK professionals would also participate in the project as consultants, in addition to several junior researchers who are now in training with KIRBS. The American resident professionals would include senior research experts in psychological measurement, cultural anthropology, social psychology and medical sociology, so as to give the team the behavioral inter-disciplinary balance required.

It is anticipated that a two year contract will be funded from FY 1970 funds to be determined. Also, it is planned to commit dollars for the commodity element of this research program and for participant training. The commodity element and the participant training would be the first year cost and the second year cost would be projected from FY 1971 dollar availability.

5. Improvement Family Planning Education and Teaching

Family planning teaching has not yet become a major part of the curriculum of either the medical schools or schools of public health. The subject is covered generally in the required courses of MCH as well as in elective courses of family planning. To encourage and promote the formal development and integration of FP and MCH teaching into the curricula of medical schools and of schools of public health as appropriate, USAID/K proposes to provide commodities to improve teaching and to establish clinical demonstration areas, to provide participant training for professors, lecturers, teachers and school staff, and to provide technical consultants to assist in curriculum planning and teaching on short-term basis.

It is also proposed to make available a medical technical consultant to the MHSA and MOE to study the feasibility of incorporating certain elements of family planning into the elementary and middle school hygiene and science curricula, with the idea of beginning early in the indoctrination of the populace to the importance of limiting the size of families.

6. Development of FP-MCH Subcenters

In accordance with its long range plans to establish a subcenter in each of its approximately 1,500 myuns, the MHSA proposes to improve, construct/or establish 300 such centers and to improve its provincial hospitals during CY 1970. USAID/K proposes to support this activity by providing FP-MCH commodities to the extent of approximately \$1,000 per center and \$2,000 per hospital.

7. If the "tangled problem of excessive population growth" in Korea is ever to be coped with successfully, the project as it is currently conceived and managed must be broadened to what might be called population planning of which family planning is only one part. In addition to health and welfare,



population planning has implications for manpower development; for employment; for economic, political and social stability; and for the whole range of problems involved in urbanization and industrialization that is occurring. If the population planning approach is to be successful in Korea, it must be run at a higher level within the ROKEG. It cannot be left to MHSA alone.

Since it is a fallacy to pre-suppose that a sound enough institutional framework exists in the MHSA to pursue local financing by means of regular ROKEG programming and budgetary processes, one of the functions of our technical assistance will be to break institutional constraints on development. When we are trying to break the institutional constraint, it stands to reason that we cannot do so by relying on the institutional framework which is itself the constraint. Therefore, given the importance of population planning for AID, worldwide and in Korea, a high level inter-ministerial coordinating body and more adequate local currency financing will be sought as an appropriate way to break the institutional constraint.

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